

EXHIBIT B

0115UCDSQ0010004632



Horizon Blue Cross Blue Shield of New Jersey
P.O. BOX 420
NEWARK, NJ 07101-0420

CUSTOMER SERVICE:
MONDAY-FRIDAY 8AM-5PM
VISIT OUR WEB SITE
WWW.HORIZONBLUE.COM

www.hORIZONblue.com

Sequence No: 6040708
Payee ID: 140441
Tax ID: 260463867
NPI Code: 1628264768
Date: 1/15/2011
PAGE 1 OF 1

RECIPIENT: MONTVALE SURGICAL CENTER LLC
6 CHESTNUT RIDGE RD
MONTVALE NJ 07645-1802

PAYMENT SUMMARY:

GROSS CLAIM AMOUNT: 0.00
LATE INTEREST: 0.00
A/R'S APPLIED: 0.00
CHECK AMOUNT: 0.00

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE 1-800 624-2048.

WE ARE REQUIRED BY LAW TO REJECT STANDARD TRANSACTIONS SUBMITTED WITHOUT AN NPI. EFFECTIVE 8/23/08,
WE MUST RECEIVE YOUR APPEAL WITHIN 90 DAYS OF ORIGINAL CLAIM DECISION. FOR HELP BALANCING THE VOUCHER GO TO WWW.HORIZONBLUE.COM

An independent licensee of the Blue Cross Blue Shield Association.



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Date: 1/15/2011
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Sequence Number
6040708

NP-01N 002138

MONTVALE SURGICAL CENTER LLC
6 CHESTNUT RIDGE RD
MONTVALE NJ 07645-1802

MSC000007

0116UCDS00010004533

www.horizonblue.com

Date: 1/15/2011
PAGE 2 OF 2Sequence No: 6040708
Payee ID: XXXXXXXXXX
NPI Code: 163254750

PATIENT					SUBSCRIBER			SUB. ID		CLAIM NO.		PATIENT/ACCT			
DOS	RMK	REV COD	QTY	PROC	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAYD
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY DIRECT ACCESS															
4/0/110 E561 M020 2544					14,000.00	0.00	5,000.00	0.00	0.00	0.00	14,000.00	0.00	0.00	0.00	
	CLAIM TOTAL:				14,000.00	0.00	5,000.00	0.00	0.00	0.00	14,000.00	0.00	0.00	0.00	
3/30/10 E561 M020 2544					11,500.00	0.00	2,500.00	0.00	0.00	0.00	11,500.00	0.00	0.00	0.00	
	CLAIM TOTAL:				11,500.00	0.00	2,500.00	0.00	0.00	0.00	11,500.00	0.00	0.00	0.00	
3/31/10 E561 M011 2544					14,000.00	0.00	5,000.00	1,470.00	100.00	5.00	12,000.00	0.00	2,000.00	0.00	
	CLAIM TOTAL:				14,000.00	0.00	5,000.00	1,470.00	100.00	0.00	12,000.00	0.00	2,000.00	0.00	

REMARK CODESZ644 1200
THIS IS FOR INFORMATIONAL PURPOSES ONLY AND THE ACTUAL PAYMENT (IF ANY) WAS MADE TO THE MEMBER.E561 1200
THIS SERVICE IS CONSIDERED AN EXPERIMENTAL PROCEDURE, IT IS INELIGIBLE FOR PAYMENT.M020 1200
DOLLAR MAXIMUM HAS BEEN REACHED.M011 1200
THE PATIENT HAS EXCEEDED THE MAXIMUM DOLLAR AMOUNT ALLOWED FOR THIS SERVICE DURING THIS BENEFIT PERIOD.THIS VOUCHER WAS PREPARED WITH THE INFORMATION AVAILABLE TO US AT THE TIME OF PROCESSING.
YOUR PATIENTS HAVE RECEIVED AN INDIVIDUALIZED EXPLANATION FORM WITH SIMILAR INFORMATION.**HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY INQUIRY ADDRESS:**
PO BOX 1770
NEWARK NJ 07101-1770